



**City
of
Boulder**
Sales/Use Tax Division

CLAIM FOR REFUND OF BOULDER TAX

Taxpayer's Name _____
Business Street Address _____
City _____ State _____ Zip Code _____
Phone # _____ Contact Person _____
City Sales Tax # _____ Date return was filed/tax paid _____
Reporting period _____ to _____ Type of Tax _____

Reason for Refund

I/We declare, under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me/us and to the best of my/our knowledge and belief is true, correct and complete for the purpose stated, pursuant to the City of Boulder Tax Cod and Regulations issued under the authority thereof.

Signature of Claimant

Date

Title

For City Use Only

I certify that I have made an examination of the claim and facts
submitted and recommend that the amount indicated herein be refunded

Refund Requested \$ _____

Amount Rejected \$ _____

Amount Increased \$ _____

Total Refund Amount \$ _____

Examined By

Date

Approved By

Date

White – Scanning

Yellow – Tax Office

Pink – Auditor
